

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Estimated Average burden hours per form 16.00

SEC USE ONLY

DE

Serial

Prefix

	SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEM	PTION DATE RECEIVED
Name of Offering (check if this	is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply Type of Filing: New Filing): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	\
1. Enter the information requested above	ut the issuer	
Name of Issuer (check if this	is an amendment and name has changed, and indicate change.)	
AMA International Equity Fund (QF	P), L.P.	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3801 PGA Blvd., Suite 555, Palm Bea		(561) 746-8444
Address of Principal Business Operatio	ns (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	Same	
Brief Description of Business		
Capital appreciation through investm	ients in securities	
Type of Business Organization		
□ corporation		other (please specify):
□ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporat	ion or Organization: Month Year	△ Actual ☐ Estimated
	CN for Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

PROCESSED

SEP 2 6 2007

THOMSON FINANCIAL



		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information	on requested for the fo	ollowing:		,	
 Each promoter of 	the issuer, if the issue	r has been organized within the	past five years;		
 Each beneficial ov 	vner having the power	r to vote or dispose, or direct th	e vote or disposition of, 10% or	more of a class of eq	uity securities of the issuer;
 Each executive off 	ficer and director of co	orporate issuers and of corporat	e general and managing partner	s of partnership issue	rs; and
Each general and a	managing partner of p	artnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Genspring Family Offices, L					
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, P	'alm Beach Gardens	, FL 33410			
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
SunTrust Banks, Inc.					
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			 -
303 Peachtree Street, NE, At	lanta, GA 30303				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
AMA Holdings, Inc.					<u></u>
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, P	'alm Beach Gardens.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Perry, Henry A.		6) 0 61 6 1)			
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, P	alm Beach Gardens				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Avdellas, Amy					
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, P		, FL 33410			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or
Full Name (Last name first, if	individual)				Managing Partner
Lagomasino, Maria Elena					
Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, P	'alm Beach Gardens	, FL 33410			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
AMA International Equity M	laster Fund, L.P.				
Business or Residence Address	······································	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, P			ditional copies of this sheet, as	nececcaru)	
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2. Enter the information		· · · · · · · · · · · · · · · · · · ·	TIFICATION DATA		
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		er to vote or dispose, or direct the			
		corporate issuers and of corporat	e general and managing partner	s or partiership issue	rs, and
Each general and m Check Box(es) that Apply:	nanaging partner of p	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Zeuner, Michael					
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
8801 PGA Blvd., Suite 555, Pa	ılm Beach Garden:	i. FL 33410			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Holden, Michael				_,	
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 555, Pa					——————————————————————————————————————
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			.,,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if in	adividual)				Managing Partner
un Name (Last name msi, m n	idividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			, , , , , , , , , , , , , , , , , , ,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Rusiness of Residence Address	(Number and Con-	at City State 7in Code)			
Business or Residence Address	(Number and Sire	et, City, State, ZIP Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				Trumging Turing
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)		······ 1 · · · · · · · · · · · · · · ·		guig i uitilii
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
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Ι.	Has the issue	reald areda	es the issue	er intend to	call to non	.gooredited	invectors :	n this offer	na?					Yes □	No ⊠
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2.	What is the m	inimum in	estment th	at will be ac					_				(K1 000	ተብብ
۷.	What is the in	mministra (ili	comen m	at will be ac	cepted noi	ii aily iitaiv	Idual:	****************	******************	*****************	*************			Yes	No
3.	Does the offer														
4.	Enter the infi remuneration agent of a bro be listed are a	for solicita ker or deale	tion of pun er registered	chasers in c I with the S	onnection EC and/or	with sales owith a state	of securities or states, I	s in the offe	ering. If a period	person to be ker or deale	e listed is a r. If more t	in associate	d person or	ľ	
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	[RI] Name (Last na	[SC] me first, if	[SD] individual)	[TN]	[TX]	[UT]	[NY] [VT]	[NC] [VA]	[WA]	[wv]	[WI]	[WY]	[PR]		
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Bus Nam State Bus Nam	[RI] Name (Last namess or Resident e of Associated e of Associ	isc] me first, if me Address d Broker or ison Listed ll States" or [AK] [NE] [SC] me first, if me Address d Broker or ison Listed ll States" or [AK]	[SD] individual) Bealer Has Solicit check indi [AZ] [IA] [NV] [SD] individual) S (Number a) Dealer Has Solicit check indi [AZ]	ed or Intendicular Street, (Intendicular Street, (Intendicular Street, (Intendicular State (Intendicular S	[TX] City State, 2 Is to Solicit (CA] (KY) [TX] City State, 2 City State, 2 [CA]	Zip Code) [CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[PR] [ID] [MO] [PA] [PR]		
Bus Nan State Bus	[RI] Name (Last namess or Resident e of Associated e of Associ	me first, if me first, if d Broker or rson Listed II States" or [NE] [SC] me first, if me Addres: d Broker or	Dealer Has Solicit check indi [AZ] [IA] [NV] [SD] individual) s (Number a	ed or Intendiction of the control of	Is to Solicit (CA) [KY] [TX] City State, 2	Zip Code) [CO] [LA] [NM] [UT] Zip Code)	[CT] [ME] [NY] [VT]	[VA] [DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[PR] [ID] [MO] [PA] [PR]		

^{*}May be waived by the General Partner

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	8
"0" if answ	ggregate offering price of securities included in this offering and the total amount already sold. Enter is "none" or "zero." If the transaction is an exchange offering, check this box—and indicate in the amounts of securities offered for exchange and already exchanged.		
Type of Sec	surity .	Aggregate Offering Price	Amount Already Sold
	·····	_	\$
			\$
., ,	☐ Common ☐ Preferred		
Convertible	Securities (including warrants)	. S	S
	Interests.		\$ 335,910,592
•	cify)		\$ <u></u>
· •			, , , , , , , , , , , , , , , , , , ,
Tot	tal	. \$ <u>500,000,000</u>	\$ 335,910,592*
	Answer also in Appendix, Column 3, if filing under ULOE.		
the aggrega who have p	umber of accredited and non-accredited investors who have purchased securities in this offering and ate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" in none" or "zero."	s	
			Aggregate
		Number Investors	Dollar Amount of Purchases
Accredited	Investors	190	\$ <u>335,910,592</u> *
Non-accred	lited Investors	·	\$
Tot	tal (for filings under Rule 504 only)	190	\$ <u>335,910,592</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing	g is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the ate, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in g. Classify securities by type listed in Part C - Question 1.		
issuer, to da			
issuer, to da		Type of Security	Dollar Amount Sold
issuer, to de this offering Type of offe			
issuer, to de this offering Type of offer Rule 505	ering	·	Sold \$
issuer, to de this offering Type of offer Rule 505 Regulation	ering	·	\$\$ \$\$
issuer, to de this offering Type of offer Rule 505 Regulation Rule 504	ering A	·	\$ Sold \$ \$
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Type of offering Rule 505 Regulation Rule 504 Tota a. Furnis offering. E as subject to the box to the	A	s n	

Legal Fees.....

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) miscellaneous & filing

5,000

5,000 10,000**

^{*}Represents net account values as of January 2007.

^{**}Represents original costs only.

	b. Enter the difference between the aggregate offering price given in response to Part C - Question and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	s	\$	499,990,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issue set forth in response to Part C - Question 4.b above.)		
			Payments to Officers, Directors, and Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate		\$	□ \$
	Purchase, rental or leasing and installation of machinery and equipment		\$	□ \$
	Construction or leasing of plant buildings and facilities		\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		s	□ s
	Repayment of indebtedness		\$	□ \$
	Working capital		\$	S
	Other (specify): Partnership Investments		s	S 499,990,000
	Column Totals		\$	⊠ \$ <u>499,990,000</u>
	Total Payments Listed (column totals added)		⊠ \$	499,990,000*
	D. FEDERAL SIGNATURE			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

non-accredited investor pursuant to paragraph (0)(2) of Rule 302. — former 1 y

Issuer (Print or Type)

Signature BY: Asset Management Advisors, L.L.C., General Partner

AMA International Equity Fund (QP), L.P.

By: Amagement Advisors, L.L.C., General Partner

Q-19-07

Title of Signer (Print or Type)

*The general partner is entitled to management fees at an annual rate of 0.75% of each limited partner's capital account balance.

Vice President

Amy Avdellas

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)